	Under the Paperw	ork Reduction Act of TENT APPLIC	1995, no perso ATION FEI	ns are required to res		lion unless it displ	PTO/SB/06 ough 7/31/2006, OMB 065 DEPARTMENT OF COMM ays a valid OMB control nu	(08-03) 1-0032 ERCE Imber.	
	Substitute for Form PTO-875						Application of Docket Number		
٠		CLAIMS AS FILED - P, (Column 1)			. SMALL ENTIT	γ OR	OTHER THAN SMALL ENTITY		
	FOR BASIC FEE	NUMBER	FILED	NUMBER EXTRA	RATE F	EE	DAY:		
	(37 CFR 1.16(a)) TOTAL CLAIMS				5	OR	RATE FEE		
	(37 CFR 1.16(c)) INDEPENDENT CLAIM	10	ninus 20 = •		X \$_ =		\$		
	(37 CFR 1.16(b))		inus 3 = •		X 5 =	OR	X \$=		
	MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR			.16(d))	+s =	OR	X \$=		
•	· If the difference in col	f the difference in column 1 is less than zero, enter "0"			TOTAL	OR	+ \$=	_	
CLAIMS AS AMENDED - PART II AMOT (Column 1) (Column 2) (Column 2) (Column 3)								-	
	× 2/12/	CLAIMS REMAINING	HIGH	EST	OMACCENTITY	\rac{1}{2}	SMALL ENTITY		
- 1		AFTER AMENDM <u>E</u> NT	PREVIO PAID	USLY EXTRA	RATE ADDITIONA		RATE ADDI- TIONAL	.	
- 1	Total (37 CFR 1.16(c))	/O Min	nus "	Ď = _	FEE	-	FEE	_	
	Independent •	/ Mir	ius	3 = /	X 1 =	OR X	5=		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))				× s = =	OR X	2=	_]	
		(37 CFR 1.16(d))				OR +			
	(Column 1) (Column 2) (Column 2)				ADO'L FEE		DTAL DD'L FEE		
0		CLAIMS	(Colum HIGHES) · 			7	
AMENIOMENIA	AM	EMAINING AFTER IENDMENT	PREVIOUS PAID FO	SLY EXTRA	RATE ADDI- TIONAL		RATE ADDI-	1	
	Total (37 CFR 1.16(c))	Minus		=	X \$ =		FEE	-	
Į į	Independent J (37 CFR 1.16(b))	Minus	•••	=		OR X S	= =	1	
\ \d	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1,16(d))				X s =	OR X 1	=	1	
	•	· · · · · · · · · · · · · · · · · · ·			+ \$ = TOTAL ADD'L FEE	OR + 5		ľ	
		lumn 1)	(Column 2	(Column 3)		OR ADD	I'L FEE	1	
NTC	REN	LAIMS MAINING FTER	HIGHEST NUMBER PREVIOUSL	PRESENT	RATE ADDI-		ATE ADDI		
AMENDMENT	Total • (37 CFR 1.16(c))	NDMENT Minus	PAID FOR	EXITA	TIONAL FEE	-	ATE ADDI- TIONAL FEE		
ENC	Independent (37 CFR 1.16(b))	Minus		=	X \$=	OR X S_	= '		
₹	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))				X \$=	OR	= =		
			137		+ s = TOTAL	OR + 5_	=		
•	If the entry in column 1 i	s less than the entry	in column 2, wr	ite "0" in column 3	ADD'L FEE	OR ADD'L			
	If the "Highest Number Provident 2 and to TN THIS SPACE is less than 20, enter "20"								
is coll	The 'Highest Number Previously Paid For' (IN THIS SPACE is less than 3, enter "3" collection of information is control and For' (Total or Independent) is the highest number found in the appropriate box is not a second and the secon								

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS.